L110000 33486

(Re	questor's Name)						
(Address)							
(Address)							
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



500270940315

03/25/15--01013--007 **25.00

ALLAMASSEE, FLORIDA

MAR 3 1 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Argos Advisors, LLC					
Nam	ne of Limited L	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Offi	ice Change and	d fee(s) are submitted for filing.			
Please return all correspondence concerning this	is matter to the	e following:			
William West					
Name of Person					
Argos Advisors, LLC					
Firm/Company					
100 Sands Point Rd., #305					
Address					
Longboat Key, FL 34228					
City/State and Zip Code		_			
wm.kelucia@verizon.net					
E-mail address: (to be used for future annual	ual report noti	fication)			
For further information concerning this matter,	please call:				
William West	941	565-6530			
Name of Person		Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
☑ \$25 Filing Fee	□ \$	S5 Filing Fee & Certified Copy			
INHS18 (2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: Argos Adviso	ors, LLC			
2.	(a)	c/o William West	(b) c/o	(b) c/o Robert P. Clarke Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1990 Main St., Ste 801 Sarasota, FL 34236		
	ζ/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				
		100 Sands Point Rd., #305	199			
		Longboat Key, FL 34228	Sara			
		3/21/11	L110	00033486		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	William West				
٠.	(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	of State:		
		512 Gunwale Lane			- 7c	
		Registered Office Address (MUST BE FLORIDA STREET)		SECRET		
		Longboat Key .FI	34228		FILE MARY MSSE	
					OF STATE E. FLORID AN II: 44	
	(b)				STA LOR	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
		1990 Main Street, Ste 801				
		NEW Registered Office Address:	<u></u>			
		Saracota	24006			
		Sarasota , FL	34236			
the age wa	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- rice authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered of the registered of the limited list the limited list.	office and the business office, it is hereby confirmed the ability company or as other or company.	ice of the registered	
S	ignat	ure of a member or authorized representative of a member		Printed or typed name of	`signee	
		by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ity reflect ochange in the registered office address, I i I in writing of this change.	ree to act in this performance of d for in Chaptei hereby confirm	s capacity. I further agree f my duties, and I am famil r 605, F.S. Or, if this docu that the limited liability co	to comply with the lar with and accept iment is being filed ompany has been	
Sig	matur	Registered Agent				